

**Miami-Dade County  
Department of Planning and Zoning**

**HEARING RECOMMENDATION REVIEW TRANSMITTAL LETTER**

April 29, 2005

**CHAD WILLIARD ESQ.  
999 PONCE DE LEON BLVD -1000  
CORAL GABLES FL, 33134**

**Zoning Evaluation Section  
111 NW 1st Street, Suite 1110  
Miami, Florida 33128  
(305) 375-2566**

Re: Recommendation for Zoning Hearing Application # **Z2001000398** for **ACROPOLIS REALTY LLC** . Date filed: 11/07/01.

Dear **CHAD WILLIARD ESQ.** :

This hearing has been scheduled on the **Jun 09, 2005** agenda for **BCC** .

By separate e-mail or attached here to, I am sending you the Department's zoning hearing recommendation to **Community Zoning Appeals Board 12**, which contains the analysis, recommendation and suggested conditions, if any, for your zoning hearing. Please review it and advise me within 10 calendar days, but no later than **May 04, 2005**, if you concur with the recommendation. Please see my e-mail and mailing addresses below.

If you do not concur with the recommendation and wish to make changes to the request or to plans, or otherwise submit additional documents which affect the zoning hearing ad, the hearing may need to be deferred. Such changes and submittals must be submitted to the Zoning Hearing Section. Please advise me as soon as you know if you intend to submit changes to the application, but no later than 10 days from the date of this letter.

Be advised that the recommendation you are receiving at this time may be a draft recommendation, subject to possible minor changes by the county attorneys after their review of the wording. The recommendation will become final prior to the hearing date, pursuant to Code requirements.

Please select one of the following options and send it to the Zoning Evaluator listed below:

\_\_\_ I concur with the Recommendation. Please schedule on next available Agenda.

\_\_\_ I will be submitting a Covenant.

\_\_\_ I find the following problems with the recommendation or conditions and wish to

address them further. I will request deferral at the scheduled hearing meeting.

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\_\_\_\_ I will be making changes to the application or plans and will be submitting same to the **Zoning Hearing Specialist DONNA JACOBY** in the Zoning Hearings Section. Please return the file to the Zoning Hearing Specialist.

I understand that changes to the hearing advertisement and/or plans may require additional fees, including possible deferral fees.

**SEE ATTACHED RECOMMENDATION**

Please respond to **Zoning Evaluator, JORGE VITAL** at [JVITAL@miamidade.gov](mailto:JVITAL@miamidade.gov), or mail to below address.

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Miami, Florida 33128  
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FAX: (305) 679-7548**